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Dear Sir /Madam

I wish to submit a recent paper titled Feelings of Failure by Eliabeth McGuire. The paper is an exploration of mothers feelings around premature weaning.

This paper is published by the Lactation Resource Centre as part of the 'Hot Topics' series. These Hot Topics are a series published three times a year for health professionals and for further education of Australian Breastfeeding Association counsellors. The Lactation Resource Centre specialises in providing comprehensive and readily accessible information that is independent, unbiased and free from commercial interests.

yours sincerely

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Feelings of failure

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...it was horrible- a difficult, painful and agonizing process...Nothing I tried made it anything but torture. Finally, my son got a mouthful of blood, and I gave up. I felt like a failure. It added to my depression, made me question my ability to mother, and caused my infant to lose too much weight. (The American Dietetic Association's) position paper has no loopholes for us "failures", no compassion for those of us too poor to rent an electric pump...Could you please let us off the hook? (Saban 2002)

I can't say what a devastating experience failing to breastfeed Bianca was for me. I was left feeling like I'd failed her as a mother, and even as a woman. I found it difficult to talk about, and was loath to bottle feed Bianca in public

INTRODUCTION

The latest available national statistics for Australia show that 87 % of women initiate breastfeeding, but by 3 months postpartum, the number has dropped to 64% of babies still receiving breastmilk (Donath & Amir 2005). There are many reasons why mothers wean their baby earlier than they had wanted. They may have to return to the paid workforce and believe this necessitates weaning, or need to take medication that they are told is incompatible with breastfeeding, they may struggle with pain and time consuming expressing routines until they decide they cannot continue, or they may wean because their baby is unsettled and seems to be dissatisfied with their milk. Some women accept weaning with little difficulty, while for others untimely weaning is a grief that can linger. For such a woman, breastfeeding promotion can feel like a rebuke and a poster proclaiming the importance of breastfeeding, which to a breastfeeding advocate may sound positive and affirming, accuses her of depriving her child. Breastfeeding advocates want to support and promote breastfeeding because it is the normal way to feed human infants. Can these mothers be reassured and comforted without undermining the value of breastfeeding?

WHO FEELS GRIEF ON EARLY WEANING?

Most women who have breastfed feel some degree of sadness on weaning, and those feelings are stronger in those who do not feed their infant as planned (Chezem, Montgomery & Fortman 1997). Mothers who felt ready to 'let go' at the time they weaned had an emotionally easier weaning than those who felt they had to wean when they still wanted to breastfeed (Hauck & Irurita 2002). Mothers own reports of their feelings when unable to establish breastfeeding express this more strongly...

Coppola (1995) wrote an account of her unhappy experience trying to breastfeed her baby and her feelings when her son refused to breastfeed.

It was a shattering blow. I felt a complete failure as a woman and as a mother. I had proved unable to do any of the things that I, as his mother, was supposed to be uniquely able to do. My baby had rejected me in favour of a bottle...I felt redundant- and I hated him for it... I found it incredibly painful to associate with women who were breastfeeding, and yet I felt I had more in common with them than with women who had chosen to bottle-feed for social reasons. The easy social acceptance of bottle-feeding seemed to make it impossible for most people to understand why I desperately wanted to breastfeed and was so distressed by what I saw as my failure.

The feeling of failure emerges from many of the case studies held in the LRC.

I was so devastated when I was unable to feed Harry. My breastfeeding counsellors were terrific, but I still felt such a failure. Now, after two years of questioning I have an answer-although that is all it is, just an answer. But at last I know it wasn't my fault. (NMAA member 1996)

*I felt like I had failed as a mother - being unable to provide the most basic necessity for my child....
I was confused to realize that I was almost relieved that I didn't have to express or struggle with feeds anymore.
Yet at the same time I felt ashamed and like a failure because I couldn't feed my baby.*

...I felt totally useless...I felt guilty about giving up breastfeeding, but I also felt sane...

I was left feeling inadequate and that I had failed as a mother. I was extremely disappointed...(when afraid her second baby was also not thriving on breastfeeding)...all the feelings of insufficiency came back. I tried to figure out what was wrong with me and wondered why I couldn't produce milk like every other woman seemed to be able to do with ease...

I gave up feeding completely around four months and I remember feeling like a complete failure because everywhere I turned there was something about the benefits of breastfeeding your baby for the best start in life...

TERMINOLOGY

Hunter (1998) believes that some of the cause for this pain lies in semantics. She thinks we should not speak of 'successful breastfeeding' because it implies the possibility of failure. She suggests 'fulfilling breastfeeding', 'enjoyable breastfeeding', or 'good enough breastfeeding'. The term 'successful breastfeeding' does not define success; it leaves individual mothers to decide what sort of breastfeeding satisfies them. While the term breastfeeding failure is loaded, especially perhaps, for women who are used to succeeding in their education and career, the sense of loss at not being able to nurture one's own baby might have another basis.

AN EMOTIONAL NEED?

The women quoted above have struggled to breastfeed and have decided on artificial feeding in their baby's best interests. Yet when they decide to do what seems the best, or take the only viable choice they are left with, they feel so bad. Perhaps that is because an emotional need has been violated-left unfulfilled? The extension of their inability to breastfeed into feelings of failure as a mother, and as a woman suggests that nurturing a baby at the breast feels central to their identity. Coppola (1995) writes

I believe that the sense of loss, and the need to grieve, is common among those of us who are forced to stop breastfeeding or cannot breastfeed at all. The desire to nurture, to give of oneself to sustain the life of another is so deeply rooted in the female psyche, that failure strikes at the very heart of our being, shattering our view of ourselves as women. Surely we deserve support and understanding from our more fortunate sisters, not the intolerance and criticism that I certainly encountered?

...when I was pregnant with my first son, I did not even bother to learn about breastfeeding because I was certain I could not do it. I had had breast surgery five years before I became pregnant and my surgeon had been very clear that it would not be possible to breastfeed after the surgery... At the moment my son Alex was born, something incredible came over me. I insisted that he be brought to me so that I could put him to my breast. Nursing him seemed the most basic and natural next step after delivery...He latched easily and well. I felt a sense of deep satisfaction unlike anything I had ever known before (West 2004).

Before my son Edward was born, it was of no concern to me whether I breastfed or not, I simply said I would try and if it wasn't working out I would switch to formula. When Edward was born my views changed completely, I found myself wanting to breastfeed him, however because I couldn't get him to latch on, I was getting very depressed.

These quotes seem to suggest an instinctive drive to breastfeed. If there is such a physiological drive, the fact that other women choose to feed their infant artificially would indicate that it is open to modification or obliteration by personal and social factors.

Myers (2004) reports that in her experience grandmothers sometimes still carry unresolved grief over their inability to breastfeed their own children and their pain can reemerge when their children give birth.

Myers tells that she wanted to breastfeed her adopted child, but feared that it was an unacceptable desire. Many years later she read about adoptive breastfeeding and wept.

I put the book away and cried my heart out. I still haven't read it completely but accepting my grief is the first step. Yes I have a right to be sad, I have a right to be angry and I have a right to grieve and knowing that makes accepting what hasn't happened a lot easier.

I understand now after many, many hours of talking to breastfeeding women that breastfeeding is not just a means of nutrition, it is a whole way of nurturing and when I had that overwhelming desire to feed Katie, it was just my natural mothering instinct. I cringe when I hear colleagues tell mothers that they "mustn't feel guilty or sad" because they have had difficulties and given up the struggle to establish breastfeeding. "You did your best" they will say. Of course they should feel sad and very angry, not only because they were let down, but because someone had the arrogance to suggest that it was not important enough to be upset about.

THE MEANING OF BREASTFEEDING

Personal meanings for breastfeeding are influenced by social attitudes, and social attitudes can influence women away from or toward breastfeeding. Forbes et al (2003) administered questionnaires to USA university students and found that they regarded a breastfeeding woman as a better mother, more feminine and as having more favorable social and personal characteristics than a bottle-feeding woman. If these attitudes are shared by a woman who chooses to breastfeed, but is unable to do so, her self esteem may suffer. Hauck and Irurita (2002) reporting on women's feelings around weaning wrote 'Participants viewed their performance with breastfeeding and weaning as a component of their whole mothering experience and ultimately wanted to be able to see themselves, and be seen by others, as good mothers'. To have to see oneself as not a good mother could indeed be devastating and could lead to guilt and anger. Hauck and Irurita (2002) considered that anger turned outward assisted women in reaching resolution of the conflict between their expectations and reality. If anger is turned inwards it compounds feelings of guilt. The quote at the beginning of this paper 'Could you please let us off the hook?' encapsulates Saban's need for health authorities to reassure her that she has not been a bad mother and her child will be alright. Health professionals know that artificially fed children are at increased risk of a number of diseases. Can we 'let her off the hook'?

HEALTH RISKS OF ARTIFICIAL FEEDING

Artificial feeding is associated with risks for disease and lower intellectual achievement. Mothers who know this and are unable to breastfeed their baby may fear for their baby's welfare. Health professionals can point out that artificial feeding does not guarantee poor outcomes, and there are many other healthy choices that parents can make to influence their baby's welfare. The desirable outcome of 'good mothering' is a healthy, confident, achieving adult, and that is the product of multiple parental and environmental influences.

TOWARDS RESOLUTION

While health professionals have a duty to provide information so that mothers can make an informed choice about infant feeding, ethical principles also require that patients' autonomy be respected. Only the mother is in a position to decide when to wean, or when to keep trying. Health professionals advise, inform and then accept the mother's decision. When faced with a mother who is unhappy with her breastfeeding experience we can try to be aware of the emotional pain she may feel and listen without judging. Implicit acceptance of the mother's values allows her to express her feelings and her fears and to recognise that her experience is valid. We can listen with empathy to lessen her feeling of being alone and remind her that her decision was made with her baby's interests in mind. We can acknowledge positive aspects of her mothering, so helping a grieving mother see that she does many things that provide 'good mothering' to her infant. We can evaluate each of these situations and learn about what contributed to the mother feeling this was her only option and incorporate this into our practice, sharing the load of the outcome with the mother.

SUMMARY

- Breastfeeding matters to women and can involve intense feelings either positive or negative
- Women who have not breastfed in the way they expected to can feel guilty, angry, unhappy
- Health professionals have a duty to inform about the risks of artificial feeding
- Ethical principles require that health professionals respect patients' choices
- Non-judgmental listening allows women to give expression to and accept their own feelings
- Empathy can relieve women's feeling of isolation, and help towards resolution of grief
- As a community we have a lot to learn about supporting women in their choice to breastfeed and we should share some of the pain and guilt of unsuccessful breastfeeding

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